

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Experian North America, Inc Political Action Committee (Experian PAC)

A.

Full Name (Last, First, Middle Initial)

CROWLEY FOR CONGRESS

Mailing Address 422 C Street, NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Joseph Crowley's cc, event 2/27/08Candidate Name
JOSEPH CROWLEY011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: SB23.21741

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Davis for Congress

Mailing Address 700 12th Street, NW Ste. 700

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Geoff Davis' cc, event 2/27/08Candidate Name
GEOFFREY C DAVIS011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: SB23.21724

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JEB HENSARLING

Mailing Address PO Box 820504

City
DallasState
TXZip Code
75382Purpose of Disbursement
Jeb Hensarling's cc, event 2/7/08Candidate Name
JEB MR. HENSARLING011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: SB23.21740

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)